Case 1:07-cv-00504-SLR Document 46

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U.S. Department of Justice United States Marshals Service

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

DEFENDANT  DR. TADEO  SERVE  NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SHZE OR CONDEMN  DR. TADEO  CMS HEALTH CARE PROVIDER  AT ADRESS (Street or RFD, Agartenet No., Cir., Sue and ZIP Culor)  HRYCI (30) EAST (3 th ST.)  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW.  Number of process to be service with this Form: 285  D. C. C. Blog. # 21  Number of process to be service in this case  Check for service  or U.S.A.  SIgnature of Automay or other Originator requesting service on behalf of:  DAUPER CASE  APR 2 3 2008  SERVICE (Include Business and Alternate Addresses, All February Companies)  SIgnature of Automay or other Originator requesting service on behalf of:  DAUPER CASE  APR 2 3 2008  SIgnature of Automay or other Originator requesting service on behalf of:  DAUPER CASE  APR 2 3 2008  APR 2 3 2008  TELEPHANIES OF THE DATE OF	DEFENDANT  DR. TADEO  SERVE  MANGE INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SIZE OR CONDEMN  ADDRESS (States or RFD. Apartment No., City, State and ZTD. Code)  HRYCI /301 EAST /3 ** 3T.  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW.  AND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW.  INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Techpone Numbers, and Estimated Times Available For Service):  PAUPER CASE  Signature of Autority of the total number of prices in the continuation of Service of Origin for Service (Total Charges) (No. ) No.								·
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AT HORO CMS HEALTH CARE PROVIDER ADDRESS (Street or RPD. Apartment No., City, State and 2IP Codo HYVCI / 3U EAST / 3 ** ST.  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW.  ADAM T. WENZEE # / 89595  D.C. C. Bldg. # 21  INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Estimated Times Available For Service).  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Estimated Times Available For Service).  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE Lackrowledge eccept for the total number of poeces indicated. (Sign only first USM 285 if more han one USM 255 is shabilited.)  No. No. No. No.  I hereby certify and return that I have personally served. I have legal evidence of service. have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.  Althory certify and seturn that I am unatide to locate the individual, company, corporation, etc., shown at the address inserted below.  Althory certify and seturn that I am unatide to locate the individual, company, corporation, etc., shown at the address inserted below.  Althory certify and seturn that I am unatide to locate the individual, company, corporation, etc., shown at the address inserted below.  Althory certify and seturn that I am unatide to locate the individual, company, corporation, etc., named above (See remarks below)  Name and title of individual served (if nor shown above)  Date of Service I line am U.S. Marshal or Deputy  Service Fee Total Mileage Charges [cancidating endeavors]  Forwarding Fee Total Charges [Advance Deposits Amount owed to U.S. Marshal or Amount of Refund	AT DEC CMS HEALTH CARE PROVIDER ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  AT HEREP COVIDER ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  HYC'L /3D EAST /2 37.  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  ADDRESS (State of RPD, Apartment No., City, State and 2IP Code)  ADDRESS (State of RPD, Apartment No., City, State and Apartment No., City, State and Apartment of Refund No., City, State and Apartment No., City, State							ORDER / CO	MPIAINT
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SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  ADAM T. WENZKE # 183595  D.C. C. Bldg. # 21  INST PADDOCK ROAD  SIMPLY A. DE 19777  Check for service on U.S.A.  SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  PAUPER CASE  Signature of Automey or other Originator requesting service on behalf of:  PLAINTIFF  DEFENDANT  PERPONENT  PERPONENT  PERPONENT  PROVIDED FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE  Backnowledge receipt for the total anumber of process indicated. (Sign only first USM 285 is submitted)  In hereby certify and return that I   have personally service   No.   N	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  ADAM T. WENZKE # 183595  D.C. C. Bldg. # 21  INST PADDOCK ROAD  SIMPLY A. DE 19777  Check for service on U.S.A.  SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  PAUPER CASE  Signature of Automey or other Originator requesting service on behalf of:  PLAINTIFF  DEFENDANT  PERPONENT  PERPONENT  PERPONENT  PROVIDED FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE  Backnowledge receipt for the total anumber of process indicated. (Sign only first USM 285 is submitted)  In hereby certify and return that I   have personally service   No.   N	<b>▶</b> {	ADDRESS (Str	eet or RFD, Apartm	nent No., City, Sta	ate and ZIP Code)		A 4	
ADAM T. WENZKE # /83595  D.C. C. Bldg. # 21  Number of parties to be screed in this case  Check for service on U.S.A.  Check for service on U.S.A.  PAUPER CASE  Signature of automey or other Originator reducating service on behalf of:  PAUPER CASE  Signature of automey or other Originator reducating service on behalf of:  PAUPER CASE  Signature of automey or other Originator reducating service on behalf of:  PLAINTIFF  DEFENDANT  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE  Lacknowledge receipt for the total number of process indicated.  I acknowledge receipt for the total number of process indicated.  I be to service on behalf of:  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE  Lacknowledge receipt for the total number of process indicated.  I be to service on the individual company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.  I hereby certify and return that I am unable to locate the individual, company, corporation, etc., shown at the address inserted below.  I hereby certify and return that I am unable to locate the individual, company, corporation, etc., shown at the address inserted below.  I hereby certify and return that I am unable to locate the individual, company, corporation, etc., shown at the address inserted below.  Address (complete only if different than shown above)  Service Fee Total Mileage Charges   Forwarding Fee   Total Charges   Advance Deposits   Amount owed to U.S. Marshal or   Amount of Retund	ADAM T. WENZKE # /83595  D.C. C. Bldg. # 21  STRECTAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Federation Numbers, and Estimated Times Available For Service).  PAUPER CASE  Signature of automey or other Originator reducsting service on behalf of:  PLAINTIFE DEFENDANT  PLAINTIFE DEFENDANT  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE  I acknowledge receipt for the total number of process indicated. Total Process I for Grigin to Serve No.	AT (	HRYCI	I 1301 6	FAST 12	M 37.		WILM,	DE 19809
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number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I have personally served. have legal evidence of service. have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.  I hereby certify and return that I am unable to locate the individual, company, corporation, etc., shown at the address inserted below.  Name and title of individual served (if not shown above)  A person of suitable age and discretion then residing in the defendant's usual place of abode.  Address (complete only if different than shown above)  Dage of Service  Time am  I 271  Time am  Service Fee Total Mileage Charges (including endeavors)  Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Amount of Refund	number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I have personally served. have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.  I hereby certify and return that I am unable to locate the individual, company, corporation, etc., shown at the address inserted below.  Name and title of individual served (if not shown above)  A person of suitable age and discretion then residing in the defendant's usual place of abode.  Address (complete only if different than shown above)  Date of Service Time am 1 2 21 Time am 1 2 2 Time am 1							-	11113 11113
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